

Library Watch on prevention

www.projectcork.org

spring 2009

Project Towards No Drug Abuse (TND): Needs assessment of a social service referral telephone program for high risk youth.

Sussman S; Skara S; Pumpuang P. *Substance Use & Misuse* 43(14): 2066-2073, 2008. (25 refs.)

The purpose of this study was to conduct a needs assessment of a potential social service resource telephone program component among high risk youth who received the Project Towards No Drug Abuse (TND) classroom-based program (approximately 1 year earlier). Results supported youths' overwhelming receptiveness of a social service referral program. The vast majority of respondents indicated a strong desire for resource and referral information on vocational, educational, recreational, transportation, and mental health and drug counseling. Further research is needed to investigate the effectiveness of the provision of social service resource information on drug use among emerging adults. Copyright 2008, Taylor & Francis.

School-based alcohol education: results of a cluster-randomized controlled trial.

Morgenstern M; Wiborg G; Isensee B; Hanewinkel R. *Addiction* 104(3): 402-412, 2009. (38 refs.)

This study aimed to examine the effects of a school-based alcohol education intervention. Two-arm three-wave cluster-randomized controlled trial, with schools as the unit for randomization. Surveys were conducted prior to intervention implementation, then 4 and 12 months after baseline. A total of 30 public schools in Schleswig-Holstein, Germany. Baseline data were obtained from 1686 7th graders. The retention rate was 85% over 12 months. The intervention consisted of four interactive lessons conducted by teachers, booklets for students and booklets for parents. Knowledge, attitudes, life-time alcohol consumption (ever use alcohol without parental knowledge, ever been drunk and ever binge drinking) and past-month alcohol use. Intention-to-treat analyses revealed that intervention status was associated with more general knowledge about alcohol and lower levels of life-time binge drinking. No effects were found with respect to students' self-reported attitudes, intentions to drink, life-time alcohol use and past-month alcohol use. The results indicate that this brief school-based intervention had a small short-term preventive effect

on alcohol misuse. Copyright 2009, Society for the Study of Addiction to Alcohol and Other Drugs.

A square peg in a round hole? Approaches to incorporating lifestyle counselling into routine primary health care.

Laws R; Williams A; Davies GP; Eames-Brown R; Amoroso C; Harris MF. *Australian Journal of Primary Health* 14(3): 101-111, 2008. (44 refs.)

Few studies have explored how lifestyle counselling can be integrated into routine practice for primary health care (PHC) clinicians working outside general practice. This paper describes the feasibility of models of lifestyle counselling developed for PHC, clinicians working in community health services and The congruence with routine practice. Action research methods were used to develop and implement models of lifestyle counselling in three community health teams. Following a six-month implementation period, semi-structured interviews were conducted with a purposeful sample of participants (n=30) to explore The appropriateness of implementing risk factor management models in practice. Models were considered appropriate if they fitted the clinician's philosophy of practice, were relevant to existing work tasks, could easily be integrated into workflow and were perceived as being acceptable to the client. The approach to service delivery and team priorities were also important in influencing which models suited particular teams. Models of lifestyle counselling for PHC clinicians outside general practice should be tailored to the clinicians' and teams' way of working and thus may need to be discipline-specific. Engaging PHC clinicians and teams is important in developing models that are acceptable and feasible in everyday practice. Copyright 2008, Australian Journal of Primary Health.

Recovery coaches and substance exposed births: An experiment in child welfare.

Ryan JP; Choi S; Hong JS; Hernandez P; Larrison CR. *Child Abuse and Neglect* 32(11): 1072-1079, 2008. (38 refs.)

Objectives: Substance exposed infants present a major challenge to child welfare and public health systems. Prenatal substance exposure and continued substance abuse in the home are associated with a wide range of adverse social, emotional, and developmental

outcomes. The objective of the current study is to evaluate the use of recovery coaches in child welfare. Methods: The current study is longitudinal and utilizes an experimental design. The sample includes 931 substance abusing women enrolled in a Title IV-E Waiver Demonstration, 261 in the control group, and 670 in the experimental group. Women in the experimental group received traditional services plus the services of a recovery coach. Administrative records are used to indicate substance exposure at birth. Results: Of the 931 women enrolled in the waiver demonstration, 21% of the control group and 15% of the experimental group were associated with a subsequent substantiated allegation indicating substance exposure at birth. Cox proportional hazards modeling indicates that women in the experimental group were significantly less likely to be associated with a new substance exposed birth. Conclusions: The use of recovery coaches in child welfare significantly decreases the risk of substance exposure at birth. Integrated and comprehensive approaches are necessary for addressing the complex and co-occurring needs of families involved with child protection. Copyright 2008, Elsevier Science.

Impact of a preventive intervention targeting childhood disruptive behavior problems on tobacco and alcohol initiation from age 10 to 13 years.

van Lier PAC; Huizink A; Crijnen A. *Drug and Alcohol Dependence* 100(3): 228-233, 2009. (57 refs.) The distal impact of a school based universal preventive intervention targeting disruptive behavior problems on tobacco and alcohol use from age 10 to 13 years was explored. Second grade classrooms (children aged 7 years) were randomly assigned to the intervention or a control condition. Tobacco and alcohol use from age 10 to 13 years was available for 477 children (72% of original sample). The impact of intervention on the initial level and growth in probability of substance use was explored. Results showed that intervention children had lower probabilities of tobacco use over the ages 10-13 years. This effect remains significant when controlling for (male) sex, pre-intervention levels of conduct problems, exposure to prenatal smoking or current parental smoking. For alcohol use, no effect of intervention during childhood was found. However, intervention children reported having a lower probability in alcohol use with age among those children reporting having used in the last week. The results underscore the importance of the early prevention of disruptive behavior problems substance

use initiation. Implications for prevention and research are discussed. Copyright 2009, Elsevier Science.

The impact of a parent-directed intervention on parent-child communication about tobacco and alcohol.

Beatty SE; Cross DS; Shaw TM. *Drug and Alcohol Review* 27(6): 591-601, 2008. (67 refs.) Introduction and Aim. Given the likelihood of engaging in the hazardous use of tobacco and alcohol increases during teenage years, pre-adolescence is a critical time to implement prevention programmes. While social factors other than those associated with parenting play a role in determining a child's risk for initiation of tobacco and alcohol use, parents can have a significant influence on their children's decisions about these issues. The aim of this study was to assess the impact of an in-home parent-directed drug education intervention on parent-child communication about tobacco and alcohol. Design and Methods. A group randomised intervention trial was conducted in Perth, Western Australia. Schools were selected using stratified random sampling and randomised to three study conditions. A total of 1201 parents of 10-11-year-old children were recruited from 20 schools. The impact of a self-help intervention, comprised of five communication sheets containing information and activities designed to encourage parents to talk with their 10-11-year-old child about issues related to smoking cigarettes and drinking alcohol, was assessed. Results. Intervention-group parents were more likely to have spoken with their children, to have spoken more recently, to have engaged the child during the discussion and to have addressed the topics identified as being protective of children's involvement in tobacco and alcohol. In addition, the duration of talks about alcohol was longer than for parents in the comparison group. Discussion and Conclusions. Parents of 10-11-year-old children appear to be receptive to participating in a home-based drug-related educational intervention and the parent-directed intervention seems to have enhanced parent-child tobacco- and alcohol-related communication. Copyright 2008, Taylor & Francis.

Immediate and short-term effects of the 5th grade version of the "keepin' it real" substance use prevention intervention.

Hecht ML; Elek E; Wagstaff DA; Kam JA; Marsiglia F; Dustman P et al. *Journal of Drug Education* 38(3): 225-251, 2008. (79 refs.) This study assessed the immediate and short-term outcomes of adapting a culturally-grounded middle

school program, "keepin' it REAL," for elementary school students. After curriculum adaptation, 10 schools were randomly assigned to the intervention in 5th grade with follow-up boosters in 6th grade; 13 schools were randomly assigned to the control condition, implementing the school's pre-existing substance use prevention programming. Students (n = 1,566) completed a questionnaire prior to curriculum implementation and follow-up questionnaires toward the end of 5th and 6th grade. The 5th grade kiR curriculum generally appeared no more effective than the control schools' programming in changing students' resistance or decision-making skills; substance use intentions, expectancies, or normative beliefs; or lifetime and recent substance use. Such findings have implications for the age appropriateness of school-based programs. Copyright 2008, Baywood Publishing Co.

Reducing at-risk adolescents' display of risk behavior on a social networking web site: A randomized controlled pilot intervention trial.

Moreno MA; VanderStoep A; Parks MR; Zimmerman FJ; Kurth A; Christakis DA. *Archives of Pediatrics & Adolescent Medicine* 163(1): 35-41, 2009. (43 refs.)
Objective: To determine whether an online intervention reduces references to sex and substance abuse on social networking Web sites among at-risk adolescents. Design: Randomized controlled intervention trial. Setting: www.MySpace.com. Participants: Self-described 18- to 20-year-olds with public MySpace profiles who met our criteria for being at risk (N=190). Intervention: Single physician e-mail. Main Outcome Measures: Web profiles were evaluated for references to sex and substance use and for security settings before and 3 months after the intervention. Results: Of 190 subjects, 58.4% were male. At baseline, 54.2% of subjects referenced sex and 85.3% referenced substance use on their social networking site profiles. The proportion of profiles in which references decreased to 0 was 13.7% in the intervention group vs 5.3% in the control group for sex (P=.05) and 26.0% vs 22% for substance use (P=.61). The proportion of profiles set to "private" at follow-up was 10.5% in the intervention group and 7.4% in the control group (P=.45). The proportion of profiles in which any of these 3 protective changes were made was 42.1% in the intervention group and 29.5% in the control group (P=.07). Conclusions: A brief e-mail intervention using social networking sites shows promise in reducing sexual references in the online profiles of at-risk adolescents. Further study should assess how adolescents view different risk behavior

disclosures to promote safe use of the Internet. Copyright 2009, American Medical Association.

A statewide movement to promote the adoption of tobacco-free school policies.

Summerlin-Long SK; Goldstein AO. *Journal of School Health* 78(12): 625-632, 2008. (16 refs.)

Since most tobacco users become addicted to nicotine as teenagers, prevention efforts for youth remain central to comprehensive prevention programs. National and state efforts that encourage adoption and enforcement of comprehensive tobacco-free school (TFS) policies can lead to significant reductions of youth tobacco use. In 2003, North Carolina (NC) Health and Wellness Trust Fund grantees began to focus statewide on the adoption of and compliance with TFS policies in NC schools. This study examined 46 NC districts that passed TFS policies between 2003 and early August of 2005 to see what factors were important in policy passage in order to support the continued promotion of TFS policy adoption across the state. Detailed interviews were conducted with 118 key informants who were intimately involved with passage of their school districts' TFS policies, and results were coded and analyzed for common themes. The study found several strategies key to adoption of TFS policies: effective leadership from organizations and individuals in positions of influence, grassroots organizing from community coalitions and youth groups, and communication strategies that optimally position policy adoption and compliance. States that have not yet achieved TFS policy adoption can focus on leadership development, grassroots organizing, and improved communication to advance their advocacy efforts. Copyright 2008, Blackwell Publishing.

The relationship between school policies and youth tobacco use.

Adams ML; Jason LA; Pokorny S; Hunt Y. *Journal of School Health* 79(1): 17-23, 2009. (39 refs.)

The school setting is frequently used both to educate youth about risks involved in tobacco use and to implement tobacco prevention and cessation programs. Given that school-based programs have resulted in limited success, it is necessary to identify other setting-level intervention strategies. School tobacco policies represent a type of universal intervention that might have some promise for preventing or reducing tobacco use. Hierarchical linear modeling was used to assess whether school tobacco policies were related to observations of tobacco use and current smoking among 16,561 seventh through twelfth graders attending 40 middle and high schools in Illinois.

Results indicated that the enforcement of school tobacco policies, but not the comprehensiveness of those policies, was associated with fewer observations of tobacco use by minors on school grounds as well as lower rates of current smoking among students. The school setting is a key system to impact youth tobacco use. Findings underscore the need to train school personnel to enforce school tobacco policy. Copyright 2009, Blackwell Publishing.

The effectiveness of a school-based substance abuse prevention program: EU-Dap cluster randomised controlled trial.

Faggiano F; Galanti MR; Bohrn K; Burkhart G; Vigna-Taglianti F; Cuomo L et al. *Preventive Medicine* 47(5): 537-543, 2008. (44 refs.)

Objective. To evaluate the effectiveness of the school-based drug abuse prevention program developed in the EU-Dap study (EUropean Drug Abuse Prevention trial) in preventing the use of tobacco, alcohol and drugs at the post-test. Methods. Cluster Randomised Controlled Trial. Seven European countries participated in the study: 170 schools (7079 pupils 12-14 years of age) were randomly assigned to one of three experimental conditions or to a control condition during the school year 2004/2005. A pre-test survey assessing past and current substance use was conducted before the implementation of the program. The program consisted in 12-hour class-based curriculum based on a comprehensive social-influence approach. A post-test survey was carried out in all participating schools. 3 months after the end of the program. The association between program condition and change in substance use at post-test was expressed as adjusted Prevalence Odds Ratio (POR), estimated by multilevel regression model. Results. Program effects were found for daily cigarette smoking (POR=0.70; 0.52-0.94) and episodes of drunkenness in the past 30 days (POR=0.72: 0.58-0.90 for at least one episode, POR=0.69: 0.48-0.99 for three or more episodes), while effects on Cannabis use in the past 30 days were of marginal statistical significance (POR=0.77; 0.60-1.00). The curriculum was successful in preventing baseline non-smokers or sporadic smokers from moving onto daily smoking, but it was not effective in helping baseline daily smokers to reduce or stop smoking. Conclusion. School curricula based on a comprehensive social-

influence model may delay progression to daily smoking and episodes of drunkenness. Copyright 2008, Elsevier Science.

Effectiveness of antismoking public service announcements on children's intent to smoke.

Nixon CL; Mansfield PM; Thonis P. *Psychology of Addictive Behaviors* 22(4): 496-503, 2008. (46 refs.)

The authors randomly assigned 5th- and 8th-grade students to 1 of 3 treatment conditions to study the effects of frequency of exposure to an antismoking public service announcement (PSA) on the students' intent to smoke over time. They found that, among younger children only, viewing an antismoking PSA at least once reduced smoking intentions, although these positive effects did not remain over time. However, the antismoking PSA was effective for younger at-risk children. After younger at-risk children viewed the antismoking PSA once, their intent to smoke decreased significantly. Notably, these positive effects remained stable over time and mirrored the smoking intentions of younger children who were not identified as at risk. Copyright 2008, Educational Publishing Foundation.

Good self-control as a buffering agent for adolescent substance use: An investigation in early adolescence with time-varying covariates.

Wills TA; Ainette MG; Stoolmiller M; Gibbons FX; Shinar O. *Psychology of Addictive Behaviors* 22(4): 459-471, 2008. (72 refs.)

This study tested the prediction that self-control would have buffering effects for adolescent substance use (tobacco, alcohol, and marijuana) with regard to 3 risk factors: family life events, adolescent life events, and peer substance use. Participants were a sample of public school Students (N = 1,767) who were surveyed at 4 yearly intervals between 6th grade and 9th grade. Good self-control was assessed with multiple indicators (e.g., planning and problem solving). Results showed that the impact of all 3 risk factors on substance use was reduced among persons with higher scores on good self-control. Buffering was found in cross-sectional analyses with multiple regression and in longitudinal analyses in a latent growth model with time-varying covariates. Implications for addressing self-control in prevention programs are discussed. Copyright 2008, Educational Publishing Foundation.